

MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM

Mail to:

DFAS Accounts Payable (A/P)
P.O. Box 1643
Jefferson City, MO 65102-1643

DFAS USE ONLY		
EFT	PAPER	VENDOR#:

***THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

DIVISION	UNIT/OFFICE	
DFAS	Cole	
CONTACT PERSON NAME	PHONE NUMBER	
Joy Benne	751-7027	

VENDOR/PAYEE NAME	AMOUNT OF PAYMENT
Alliance For Life - Missouri Inc	\$179,194.85

CONTRACT, ER, OR PG NUMBER (if applicable)	CS170042001, [REDACTED]
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CODING INFORMATION:	
ORGANIZATION CODE(S) TO BE CHARGED:	3155
DESCRIPTION OF CODING OR FUNDING SOURCE (Indicate the exact words from coding sheet): ALTERNATIVES TO ABORTION GR 100% 0101 886 3155 2955 1536 Q221	

SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE
August 2018 Payment

DFAS USE ONLY—DO NOT WRITE/MARK BELOW

ENCUMBER:	DATE:
PURCHASING:	
PO#	COMM LINE: INIT/DATE:
ACCOUNTS PAYABLE	
DATA ENTRY:	APPROVAL:

Alternatives to Abortion Invoice

"ORIGINAL"
Only Invoice Available

Contract # CS170042001

Vendor Number:

Vendor Name: Alliance for Life - Missouri Inc

Vendor Address: 487 SW Ward Rd

Lee's Summit, MO 64081

Bill To: Missouri Department of Social Services
Division of Finance & Administrative Services
P.O. Box 1643
Jefferson City, MO 65102-1643

Invoice Number: 2019-02

Invoice Date: 8/1/2018

Service Period: August 1 - August 31, 2018

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 2,150,338.14	\$ 179,194.85	\$ 179,194.85
Monthly cash on hand adjustment	\$ -	
Quarterly expenditure adjustment:	\$ -	
Total Due:	\$ 179,194.85	
Allocation Remaining	\$ 1,791,948.45	

Signature: _____

Marsha Middleton

*Approved
8-7-18
J. E. B. [Signature]*

SSS/DPAS

2018 AUG -7 AM 8:05

07/13/18